

PLUMBING PERMIT APPLICATION

If faxed, payment must be received in 5 business days.

Permit Number PLM _____ Permit Fee \$ _____ Date _____	
A. ADDRESS NUMBER N-S-E-W STREET NAME APT # IF THIS BUILDING HAS MULTIPLE ADDRESSES: LOWEST NUMBER _____ HIGHEST NUMBER _____	H. CONSTRUCTION DESIGN RELEASE: _____ I. STRUCTURAL PERMIT NUMBER: _____ J. STRUCTURAL PERMIT FEE: \$ _____ K. NUMBER OF FIXTURES: _____
B. OWNER OF THE PROPERTY: NAME _____ ADDRESS _____ NUMBER N-S-E-W STREET NAME APT # CITY _____ STATE _____ ZIP CODE _____ TELEPHONE NUMBER (_____) _____ EMAIL ADDRESS _____	L. SQUARE FOOTAGE: _____ M. DETAILED SCOPE OF WORK: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ N. Is this scope of work only extending a new gas line to service a listed appliance? _____ YES _____ NO
C. USE OF STRUCTURE: (CHECK ONE) _____ 1) ONE FAMILY _____ 2) TWO FAMILY _____ 3) NON-RESIDENTIAL _____ 4) MULTI-FAMILY/CONDOS (3 OR MORE UNITS)	O. CONTRACTOR RESPONSIBLE FOR PLUMBING PERMIT: If the applicant is obtaining the permit for a contractor which is licensed with the Department of Code Enforcement, please complete the following information: _____ Business Name Business License Number: _____ I AFFIRM, UNDER PENALTIES OF PERJURY, THAT THE FOREGOING REPRESENTATIONS ARE TRUE. _____ Applicant Name _____ Applicant Signature _____ Applicant License Number: _____ _____ Applicant Email Address: _____ _____ Telephone Number: (_____) _____ _____ Fax Number: (_____) _____
D. PERMIT TYPE: (CHECK ONE) _____ 1) ALTERATION/REMODEL _____ 2) COMMERCIAL ACCESSORY _____ 3) COMMERCIAL ADDITION _____ 4) CONNECTION, RECONNECTION _____ 5) NEW INSTALLATION _____ 6) RESIDENTIAL ACCESSORY _____ 7) RESIDENTIAL ADDITION _____ 8) UNDERSLAB ONLY _____ 9) WATER HEATER	
E. Will any electrical work be accomplished under this permit? _____ YES _____ NO	
F. PLUMBING CODE USED: _____ Indiana Plumbing Code _____ Indiana Residential Code	
G. VALUE OF PLUMBING WORK: \$ _____	

This application is used for all plumbing activity whether in a Class 1 or Class 2 structure. One permit application is needed per structure.

This is your building permit number. You will use this number when requesting inspections.

This is the cost of your permit. If you fax in your permit payment must be received within 5 days of issuance.

This is the legal address of the structure.

If the structure has multiple addresses that you will be performing work in, be sure to include the lowest number to the highest number.

The name, address, and contact information of the property owner is needed.

Select only one option. If the structure is a mixed use (commercial and residential) select non-residential. A condo in a building that has more than two units is multi-family.

Only one permit type can be selected per application. Select the permit that most reflects the work you will be doing.

If you will be doing any electrical work related to your plumbing permit select yes, if not select no.

The code you will be doing your work under is what must be selected.

This is the value of the work you are getting the permit for.

This is needed for most Class 1 projects. This is obtained from the Indiana Department of Homeland Security. The release number from the letter is what is put here.

If structural permit was obtained for the area you are working in you must provide the structural permit number.

This is the structural permit fee only and does not include application fee or review fees .

Fixtures is needed for Class 1 and square footage for Class 2, not both.

A detailed description of the work that will be done under the permit is needed.

If you are obtaining this permit simply to extend a gas line for an appliance select yes, if not select no.

Please put your business name and license number as it appears on your City of Indianapolis license card.

Only individuals who have been authorized to obtain permits for the company may apply for permits. These agents for the company must put their name and license number as it appears on their City of Indianapolis license card. An email address, phone number, and/or fax number is needed for each agent so we may contact them if necessary.

PLUMBING PERMIT APPLICATION

If faxed, payment must be received in 5 business days.

Permit Number PLM _____		Permit Fee \$ _____		Date _____	
A. ADDRESS NUMBER N-S-E-W STREET NAME APT # _____ IF THIS BUILDING HAS MULTIPLE ADDRESSES: LOWEST NUMBER _____ HIGHEST NUMBER _____			H. CONSTRUCTION DESIGN RELEASE: _____ I. STRUCTURAL PERMIT NUMBER: _____ J. STRUCTURAL PERMIT FEE: \$ _____ K. NUMBER OF FIXTURES: _____		
B. OWNER OF THE PROPERTY: NAME _____ ADDRESS _____ NUMBER N-S-E-W STREET NAME APT # _____ CITY _____ STATE _____ ZIP CODE _____ TELEPHONE NUMBER (_____) _____ EMAIL ADDRESS _____			L. SQUARE FOOTAGE: _____ M. DETAILED SCOPE OF WORK: _____ _____ _____ _____ _____ _____		
C. USE OF STRUCTURE: (CHECK ONE) ____ 1) ONE FAMILY ____ 2) TWO FAMILY ____ 3) NON-RESIDENTIAL ____ 4) MULTI-FAMILY/CONDOS (3 OR MORE UNITS)			N. Is this scope of work only extending a new gas line to service a listed appliance? ____ YES ____ NO		
D. PERMIT TYPE: (CHECK ONE) ____ 1) ALTERATION/REMODEL ____ 2) COMMERCIAL ACCESSORY ____ 3) COMMERCIAL ADDITION ____ 4) CONNECTION, RECONNECTION ____ 5) NEW INSTALLATION ____ 6) RESIDENTIAL ACCESSORY ____ 7) RESIDENTIAL ADDITION ____ 8) UNDERSLAB ONLY ____ 9) WATER HEATER			O. CONTRACTOR RESPONSIBLE FOR PLUMBING PERMIT: If the applicant is obtaining the permit for a contractor which is licensed with the Department of Code Enforcement, please complete the following information: Business Name _____ Business License Number: _____ I AFFIRM, UNDER PENALTIES OF PERJURY, THAT THE FOREGOING REPRESENTATIONS ARE TRUE. Applicant Name _____ Applicant Signature _____ Date _____ Applicant License Number: _____ Applicant Email Address: _____ Telephone Number: (_____) _____ Fax Number: (_____) _____		
E. Will any electrical work be accomplished under this permit? ____ YES ____ NO					
F. PLUMBING CODE USED: ____ Indiana Plumbing Code ____ Indiana Residential Code					
G. VALUE OF PLUMBING WORK: \$ _____					

Department of Code Enforcement, 1200 Madison Ave, Suite 100, Indianapolis, IN 46225
PHONE: (317) 327-8700 • FAX: (317) 327-5397
www.indy.gov/permits

7/16/10